



# Cascade County Zoning Board of Adjustment

## Application for Variance/Appeal

Cascade County Public Works Department  
Planning Division  
121 4<sup>th</sup> St No, STE 2H/I, Great Falls MT 59401  
Phone: 406-454-6905 Fax: 406-454-6919

**\$250.00 Non Refundable Application Fee**

**Payment:** Check (#) \_\_\_\_\_ Cash \_\_\_\_\_

### OFFICE USE ONLY

Variance: \_\_\_\_\_ Appeal: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date of Zoning Board Decision: \_\_\_\_\_

Zoning Board Decision: \_\_\_\_\_

**Applicant/Agent:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Owner(s) if different from applicant:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Lot(s) \_\_\_\_\_ Blk \_\_\_\_\_ **Geo Code:** \_\_\_\_\_ **Parcel #** \_\_\_\_\_

Please take notice that the undersigned was denied a permit and seeks a variance or an appeal of the Zoning

Administrator's decision related to the following activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FOR VARIANCE REQUEST ONLY** (may attach documentation)

Indicate below or attach separate pages showing how your application meets the legal criteria for a variance. (A variance is authorized only for height, area, and size of structure, size of yards and open spaces, signage, landscaping, or as otherwise specifically provided for in the Cascade County Zoning Regulations. Establishment or expansion of a use otherwise prohibited shall not be allowed by variance, nor shall a variance be granted because of the presence of non-conformities in the zoning district or adjoining zoning districts.)

1) Explain how this variance request from the Cascade County Zoning Regulations will not be contrary to the public interest.

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Owner/Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_